



# **Costing of HIV interventions Ukraine**

**Meeting on up-scaling of  
HIV interventions in  
Ukraine 2007-11  
7th July, Kiev**

**Anita Alban, health economist**

# Process of costing I



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graph TD; A[Prioritising target pop.] --> B[Setting coverage targets]; B --> C[Choosing activities]; C --> D[Computing unit costs]; D <--> E[ ]; E --> A;
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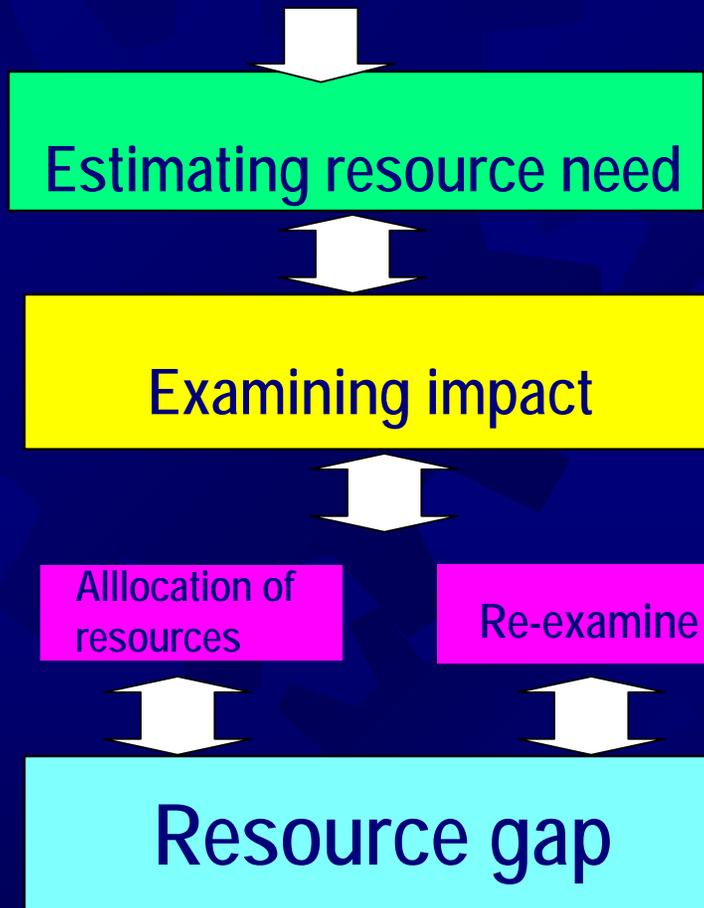
Prioritising target pop.

Setting coverage targets

Choosing activities

Computing unit costs

# Process of costing, II



# Calculation of "need"

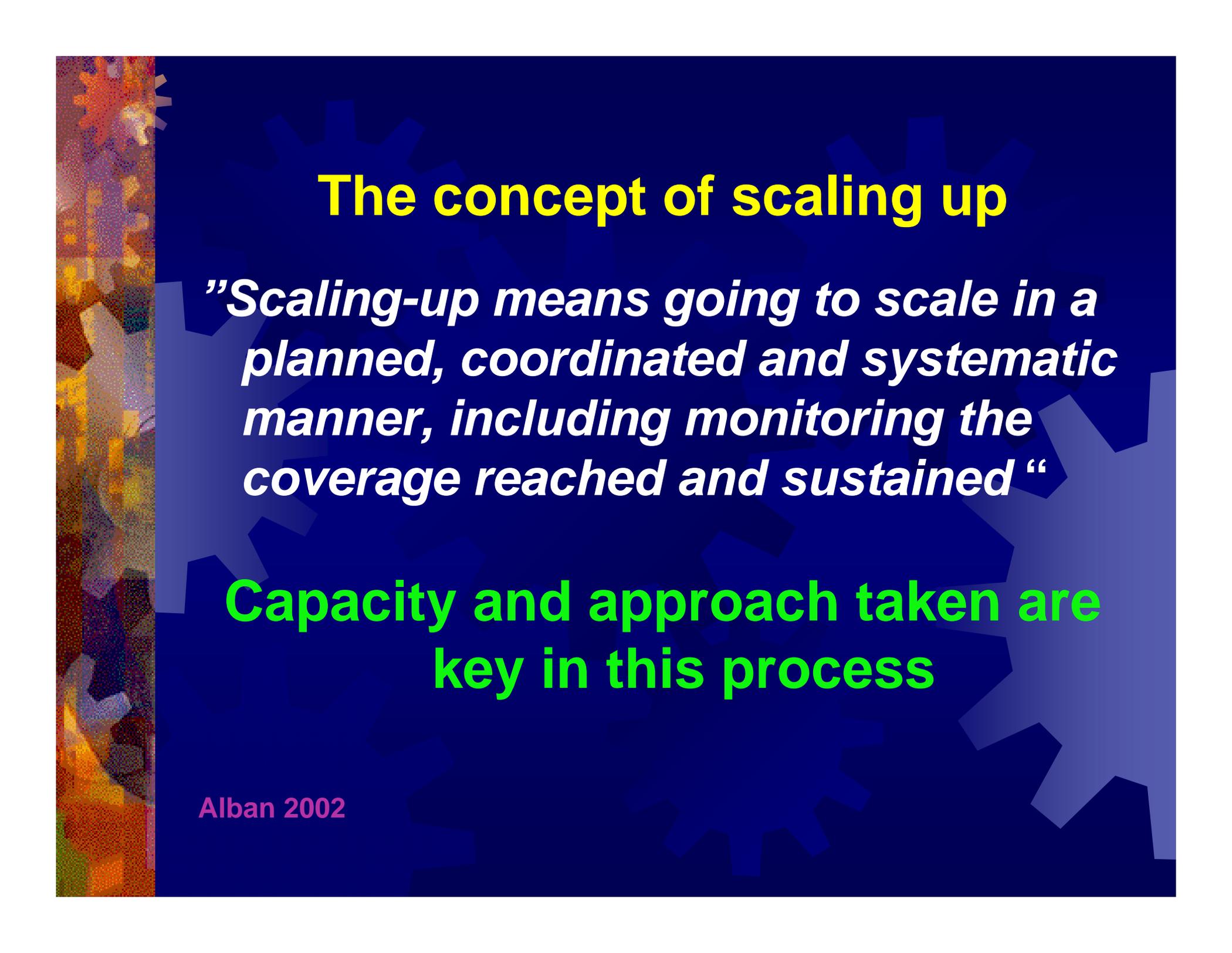
## Example:

- ✦ No. of CSWs to be targeted
- ✦ No of IDUs to be targeted
- ✦ Etc.

## Key Question:

- ✦ How many (%) is it possible and feasible to reach without resource constraint?

Need = those who might benefit from the HIV intervention

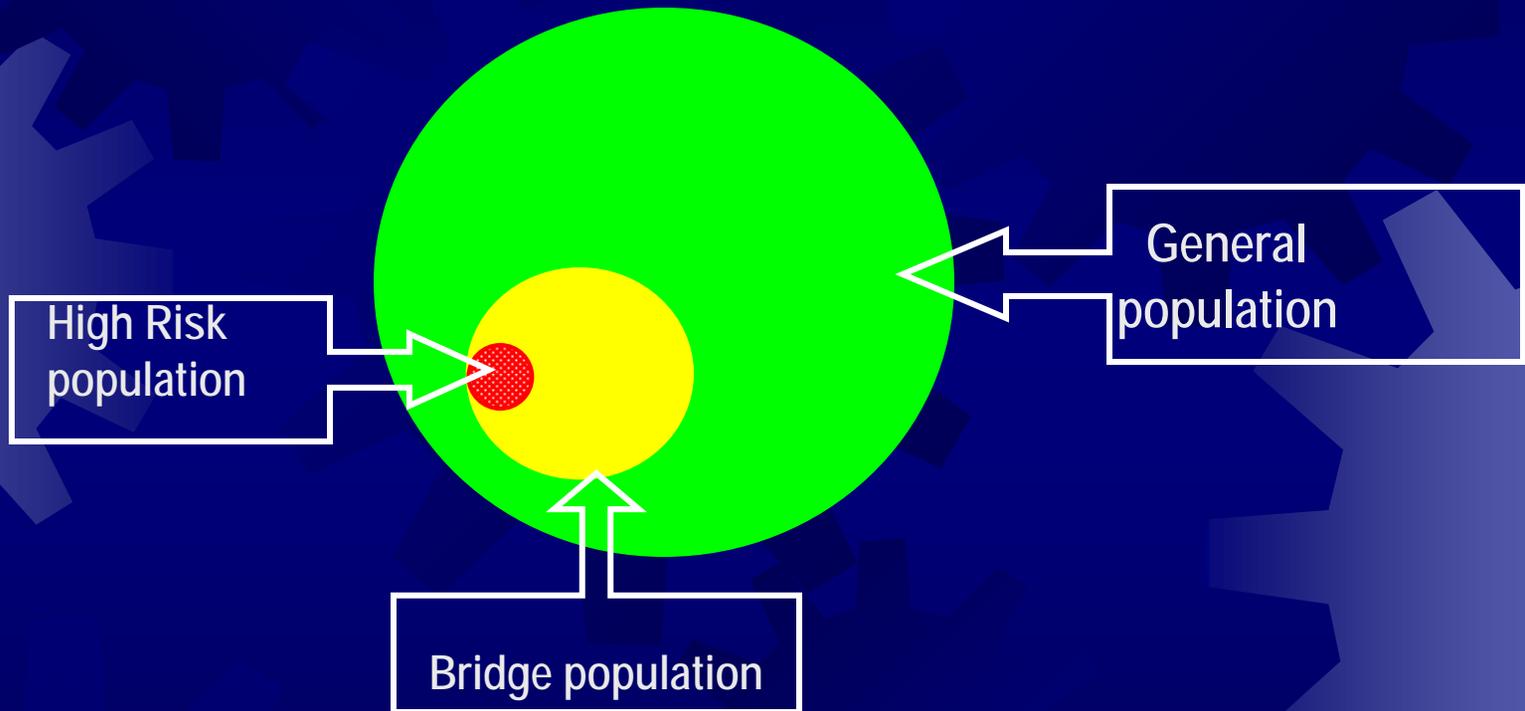


## The concept of scaling up

*“Scaling-up means going to scale in a planned, coordinated and systematic manner, including monitoring the coverage reached and sustained“*

**Capacity and approach taken are key in this process**

# Targeting the population



Source: UNAIDS and ADB 2004

# Bridge populations

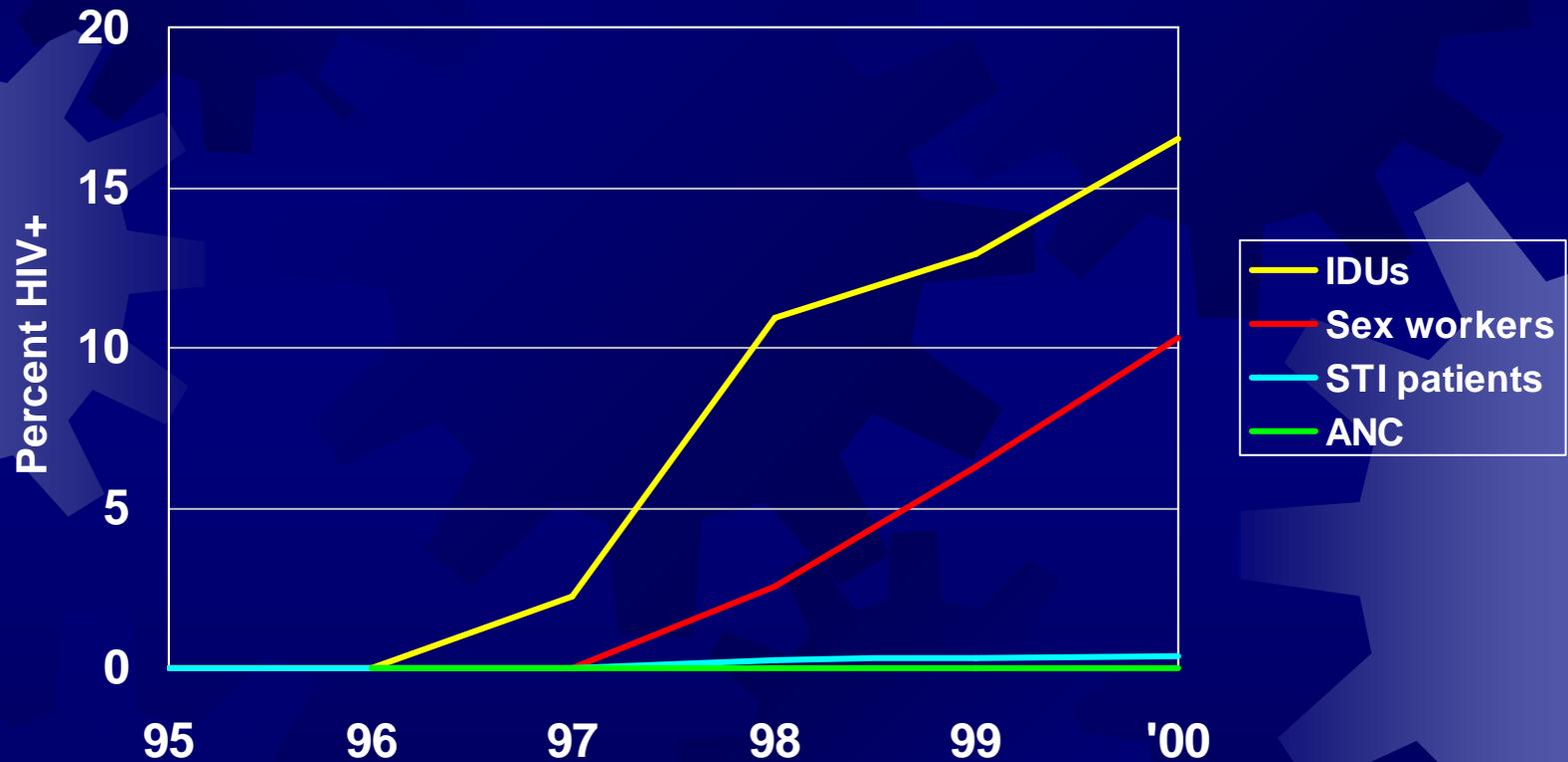
- ✦ Some sex workers inject drugs
- ✦ Some male sex workers visit female sex workers
- ✦ Many high risk men and women have lower risk partners
- ✦ FSW have male customers – who have partner/wife

You want to bridge? Or use a condom



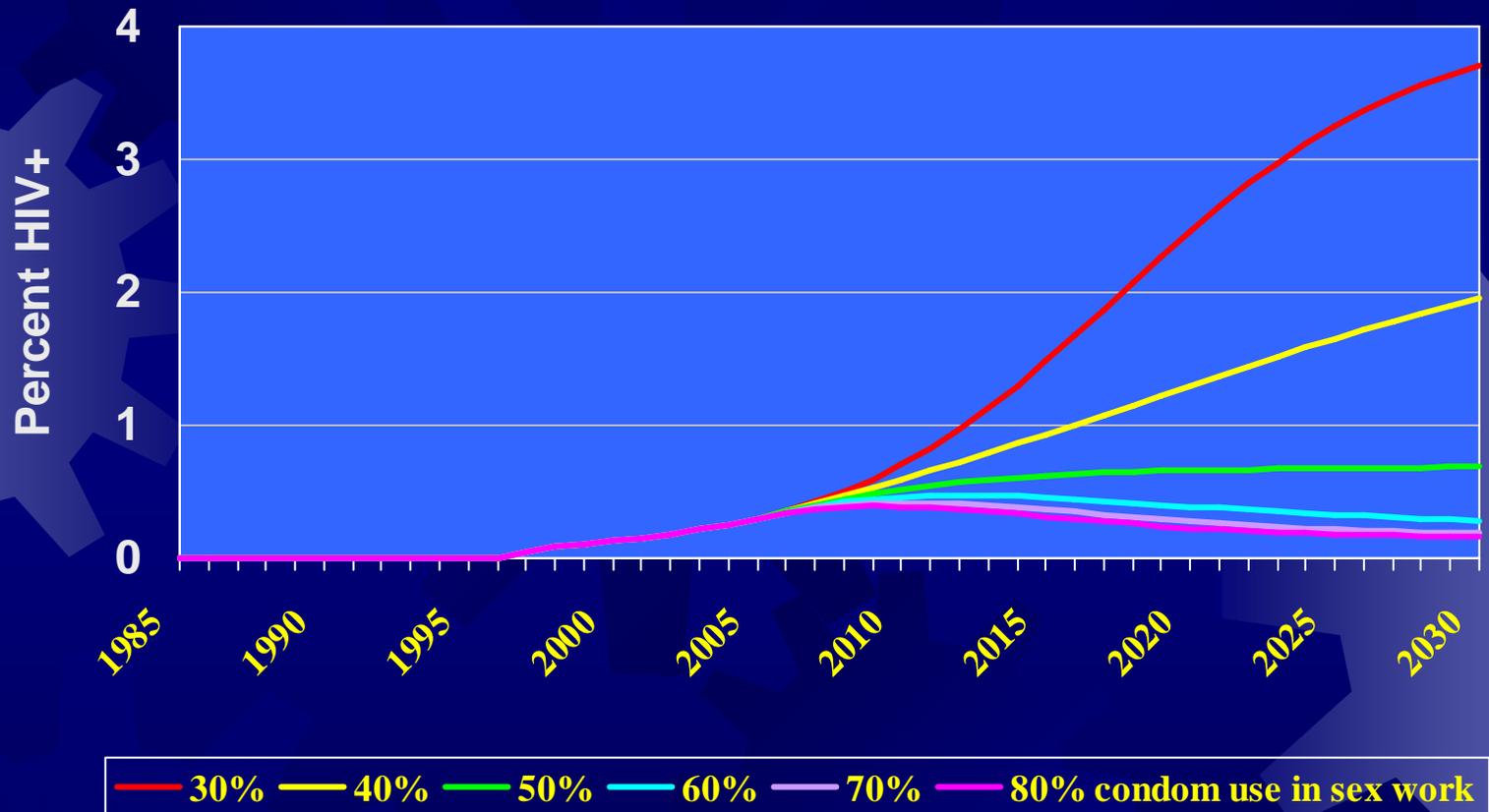
# IDUs often drive the epidemic

IDUs come up first, followed by other groups



Source: US Bureau of the Census HIV Surveillance Database

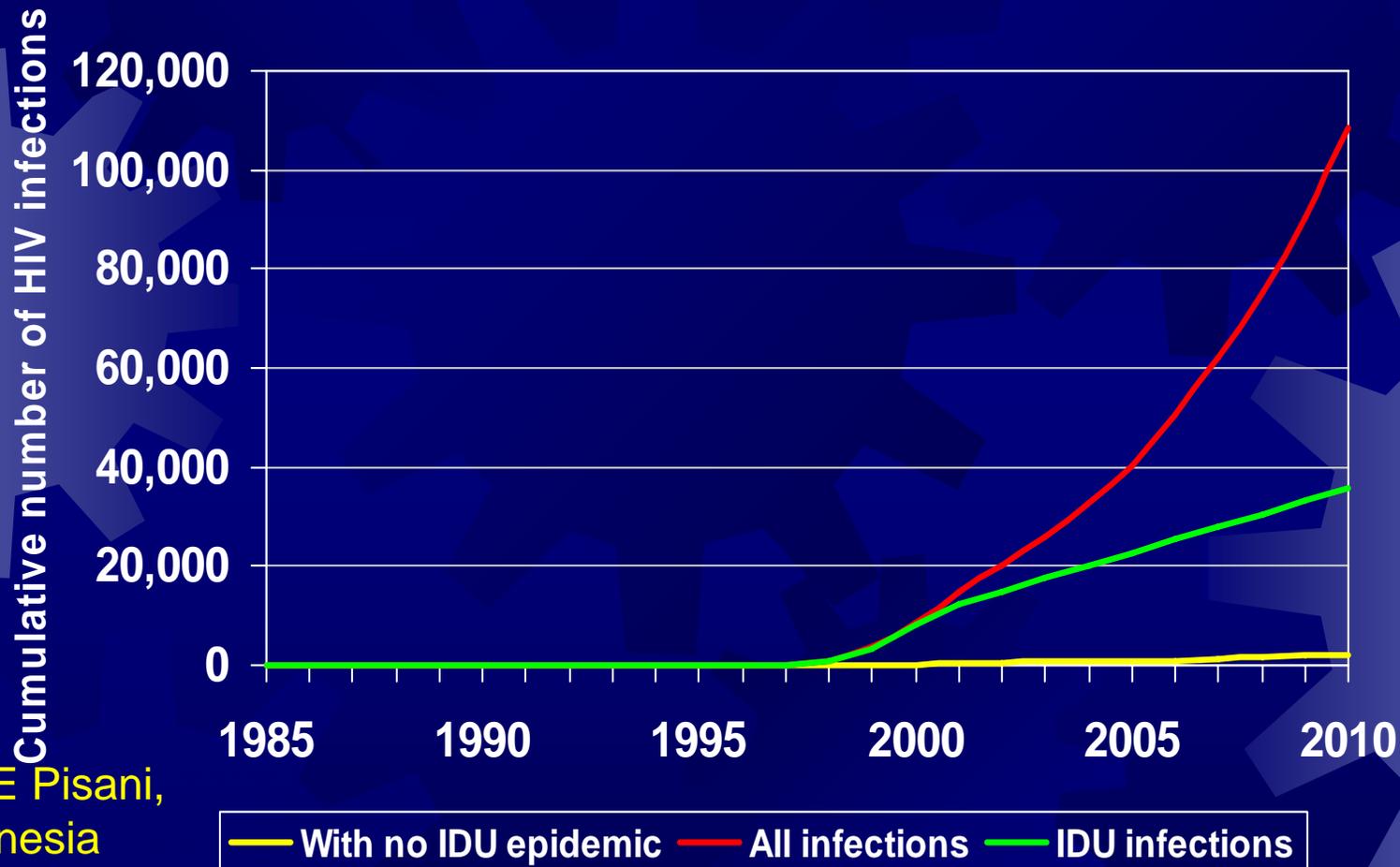
# Impact of increasing condom use 40%, 50%, 60%, 70% and 80% starting in 2005



T Brown 2004: Concentrated epidemics

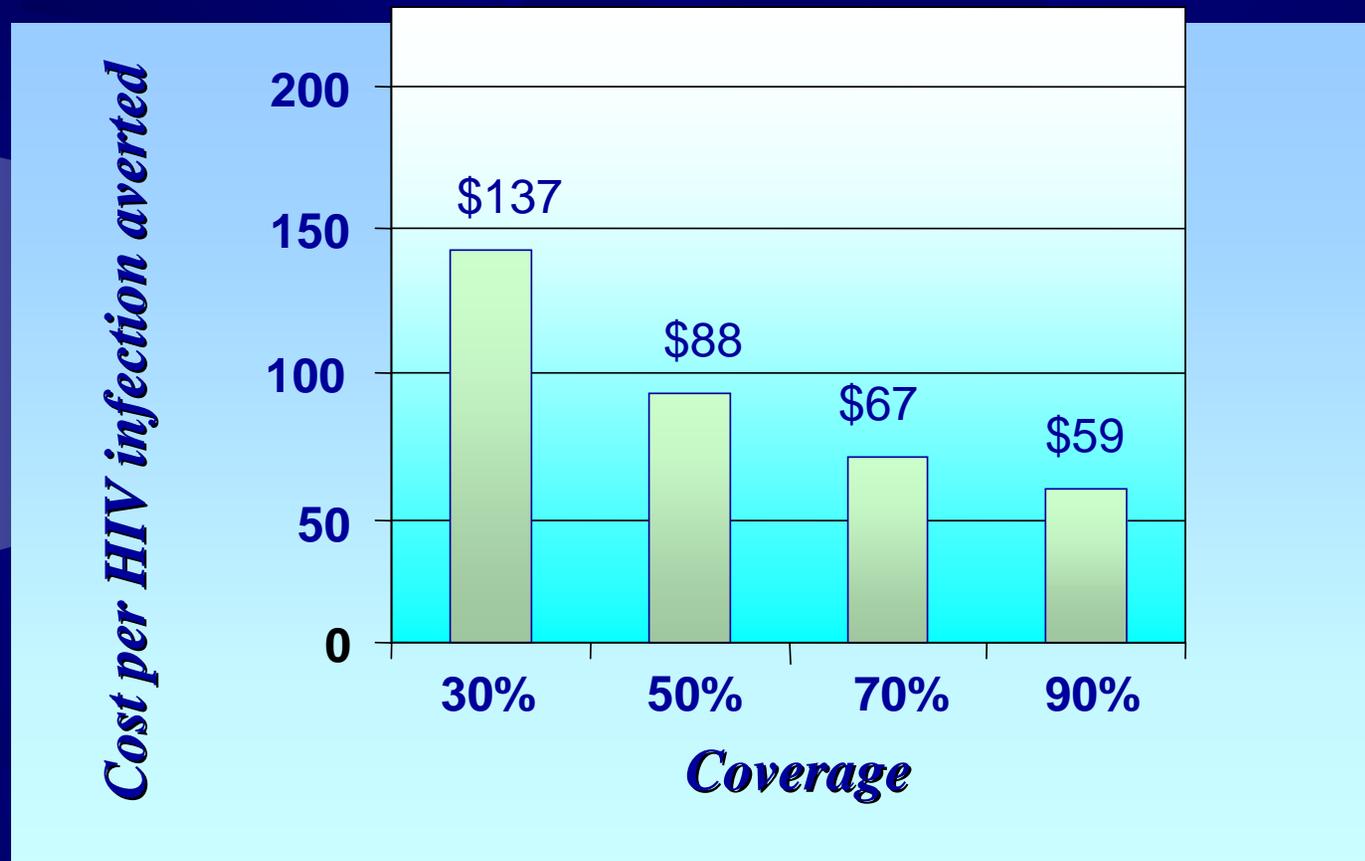
# Preventing an IDU epidemic slows or averts a sex work epidemic

Projected epidemic in Jakarta with 100,000 IDUs



Source: E Pisani,  
FHI Indonesia

# Cost-effectiveness by coverage, CSW in Cameroon



3 year estimate, costs include mass media

Watts C et al, 1998

# Optimal response for Ukraine

- ✦ **First, work on a country-specific basis**
  - ✦ Risk varies greatly
  - ✦ Effectiveness of prevention varies by group
  - ✦ Better national/sub-national data AND analysis
- ✦ **Three principles**
  - ✦ Right focus
  - ✦ Sufficient coverage
  - ✦ Quality programs

# FSW/MSM – program components

## Essential Elements:

- **BCC**
- **Condoms**
- **STI treatment**
- **VCT referral (in BCC, STI)**

## Cost component

### Behaviour Change

Training of PE  
PE remuneration  
Outreach worker/SV  
Outreach/DIC

### Commodities & Services

Condoms  
STI Services

Programme Management  
IEC/events  
Enabling environment  
Investments  
M+E (5%)





**and the figure is...**

**USD 521 millions**

## Examples of unit costs, Estonia

✦ Injecting drug users/year	US\$ 258
✦ Oral Substitutions/year	US\$ 1.986
✦ MSM and Commercial Sex Workers/year	US\$ 167/182
✦ Voluntary Counselling and testing/year	US\$ 26
✦ HAART (1 year)	US\$ 6.200-11.400
✦ PMTCT/year	US\$ 1293

## Examples of unit costs, Georgia

✦ Injecting drug users/year	US\$ 74
✦ Oral Substitutions/year	US\$ 1.677
✦ Commercial Sex Workers/year	US\$ 172
✦ Voluntary Counselling and testing/year	US\$ 25
✦ ART (1 year), 1st line	US\$ 400
✦ ART (1 year), 2nd line	US\$ 11.000
✦ PMTCT/year	NA

## Examples of unit costs, Ukraine

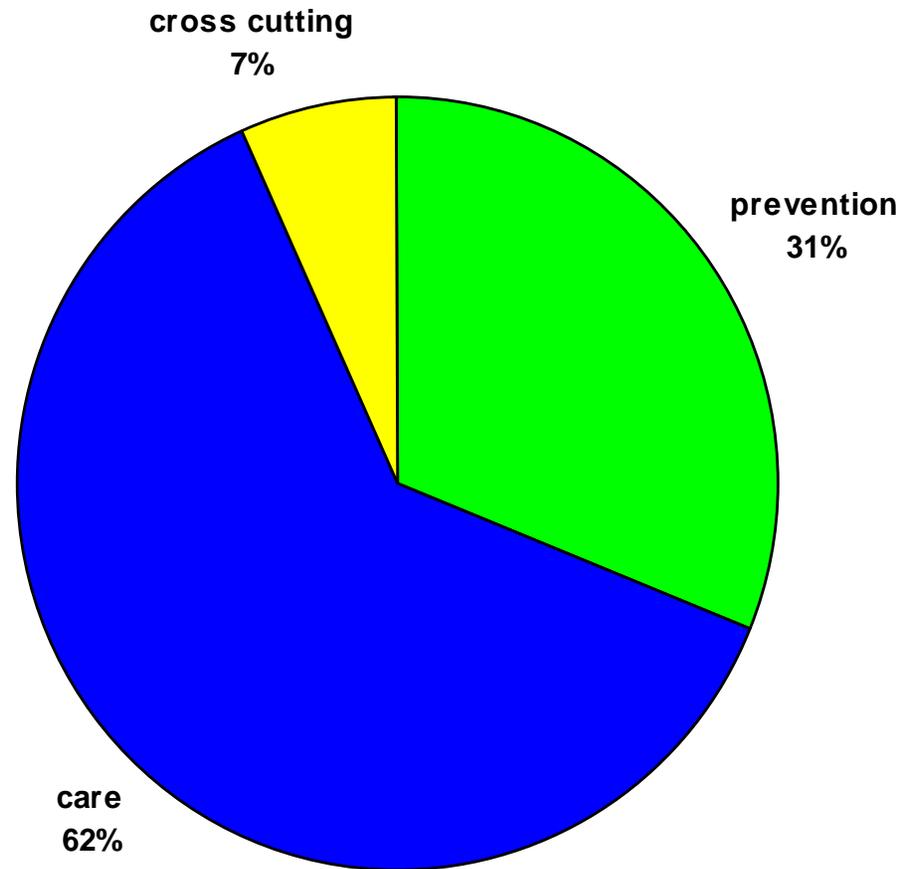
☀ Injecting drug users/year	US\$ 164-214
☀ Oral Substitutions/year	US\$ 662
☀ Commercial Sex Workers/year	US\$ 132-261
☀ Voluntary Counselling and testing/year	NA
☀ ART (1 year), 1st line	US\$ 1340
☀ ART (1 year), 2nd line	US\$ 4500
☀ PMTCT/year	NA

# Cross-country unit cost comparison

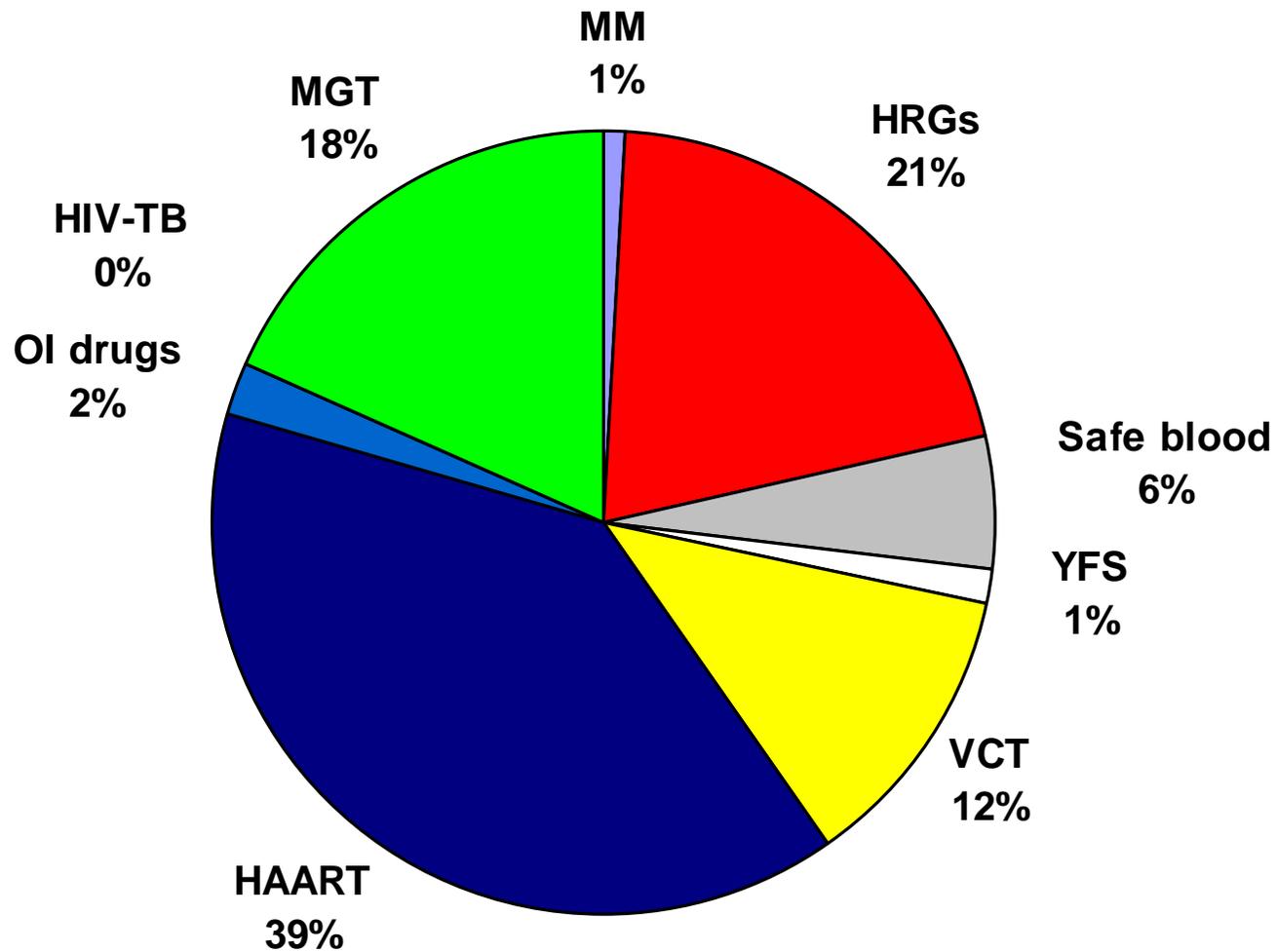
<b>Estonia</b>	<b>Georgia</b>	<b>Ukraine</b>
<b>Injecting drug users/year</b>		
<b>US\$ 258</b>	<b>US\$ 74</b>	<b>US\$ 164-214</b>
<b>Oral Substitutions/year</b>		
<b>US\$ 1.986</b>	<b>US\$ 1.677</b>	<b>US\$ 662</b>
<b>ART (1 year), 1st line</b>		
<b>ART (1 year), 2nd line</b>		
<b>US\$ 6.200- 11.400</b>	<b>US\$ 400 US\$ 11.000</b>	<b>US\$ 1340 US\$ 4500</b>

# Resource allocation, overall

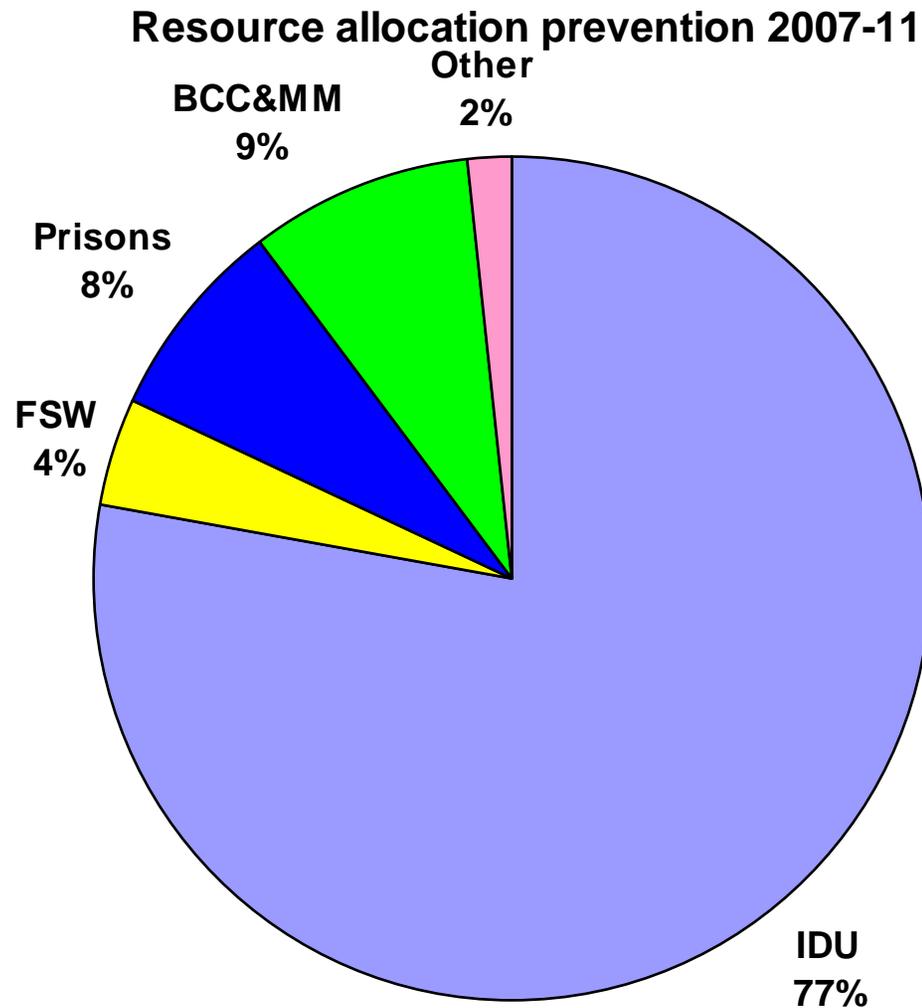
Resource allocation Ukraine 2007-11



# Resource allocation, Georgia HIV Plan 2006-10

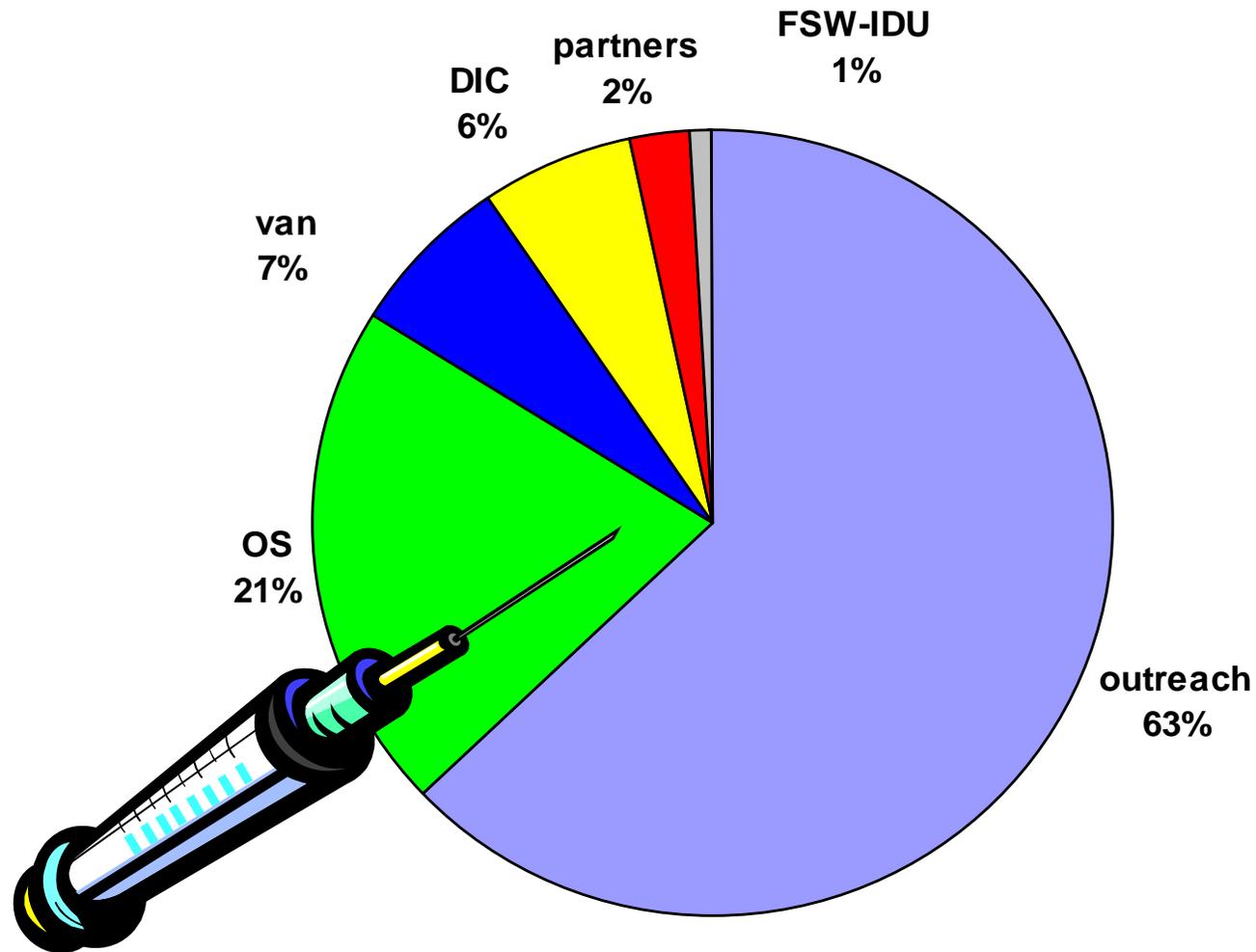


# Resource allocation, prevention

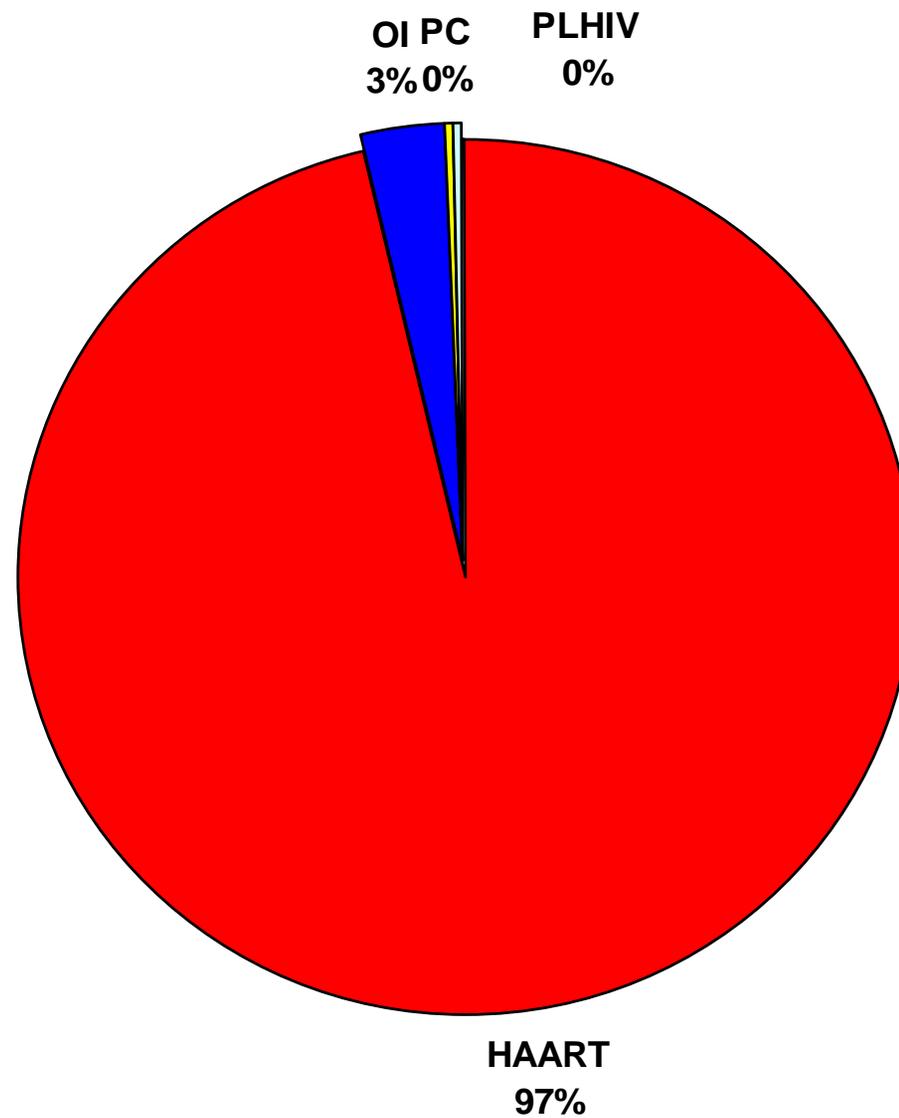


# Resource allocation, IDU

IDU interventions 2007-11



# Resource allocation, care



# FSW-IDUs are key to prevention

## Efficient FSW-IDU interventions need up-scaled:

- STI treatment at a systematically and user-friendly basis
- Condom use at no less than 60% coverage
- Clean needles and syringes no less than 80% coverage
- Systematic counselling, rapid tests and follow up
- **REHABILITATION** pays off!

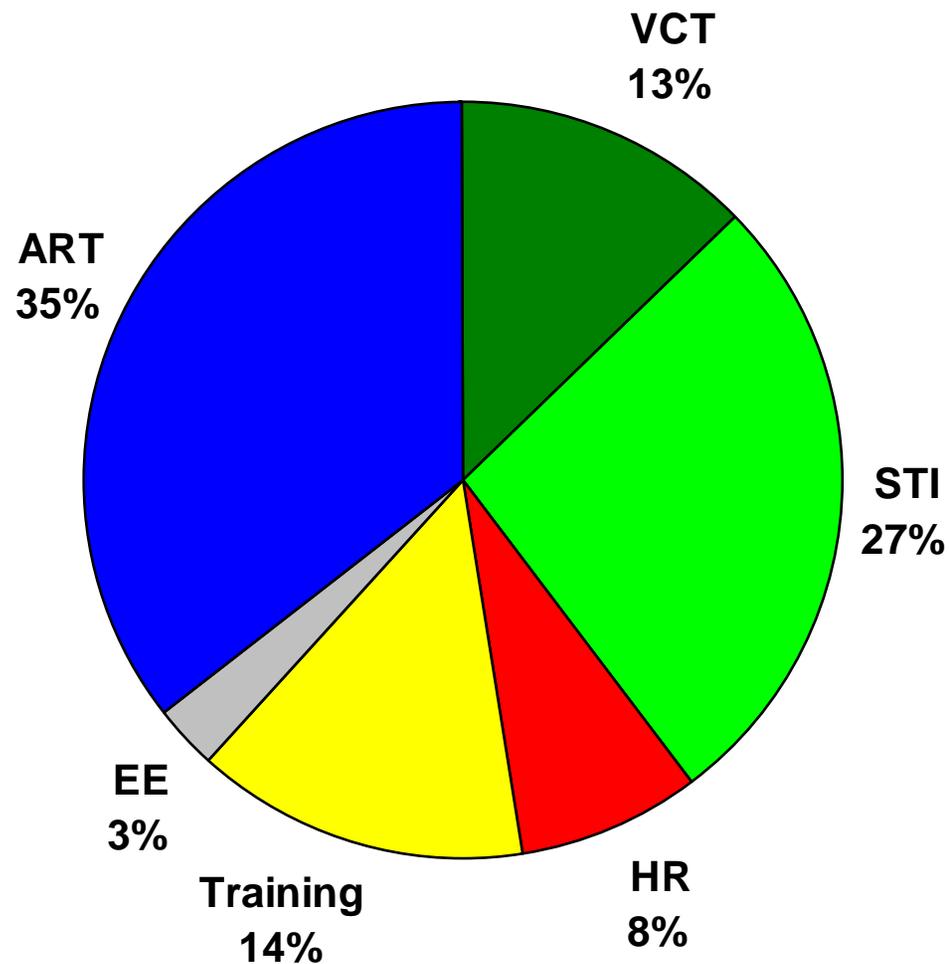
**A FSW-IDU may infect 200-400 clients per year at USD 567.000 (5% discount rate)**



# Unit cost of FSW-IDU

Cost component	USD	%
<b><i>Behaviour change</i></b>		
Staff	8.050	41,2%
Training	805	4,1%
Running cost	3.000	15,4%
<b><i>Commodities&amp;services</i></b>		
Condoms	548	2,8%
STI	1.155	5,9%
Information material	90	0,5%
Other	200	1,0%
Syringes&desinf.	2.555	13,1%
Rapid tests	200	1,0%
<b><i>Enabling environment</i></b>	1.000	5,1%
<b><i>Investments</i></b>	1.000	5,1%
<b><i>MER (5%)</i></b>	930	4,8%
<b>TOTAL</b>	<b>19.533</b>	<b>100,0%</b>
<b>UNIT</b>	<b>391</b>	

# Costing of prison interventions Ukraine



# Costing of prison interventions Pakistan

